

## **Salem Community Center** **Wellness Grant Application**

(Formerly known as the Scholarship Application)

The Salem Community Center is a private not for profit organization dedicated to the improvement of the quality of life within our community. Grants for individual memberships are available for those individuals who desire to participate but have a medical and financial need for assistance.

### **GUIDELINES:**

1. Applicants must reside in the Salem Community Center service area.
2. Financial and medical documentation is **REQUIRED** for grant consideration.
3. Financial assistance can be granted for one 4-month membership term or the entire length of an annual membership term based on need and usage.
4. Financial assistance is not transferable.
5. Applicants **MUST** commit to a minimal financial contribution to be considered for a scholarship.

### **APPLICATION PROCESS:**

1. A complete application must be filled out for individual membership consideration. Any missing information will delay the processing of the application.
2. The information provided by the applicant will be used only for the purpose of the grant review.
3. Return the application and additional financial information requested to the Salem Community Center Front Desk. If you have any questions completing the application process, contact Heather Young at (330) 332-5885.
4. Applications will be reviewed three times a year and should be **received by the 10th of the month prior to that session.**

#### **The deadlines are as follows:**

Dec 10	January through April session
April 10	May through August session
August 10	Sept. through December session

**\*Any applications turned in after the 10<sup>th</sup> of the month will not be considered until the next session.**

**Salem Community Center**  
**Wellness Grant Application Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Name (if applicant is under 18) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

School / Employer \_\_\_\_\_

Number of Dependents \_\_\_\_\_

A copy of last year's Federal IRS form (1040, 1040A or 1040EZ) and/or a copy of SSI statement or other disability income must be attached to verify annual income.

- Detail Job History including dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Are you claimed as a dependent on someone else's tax return? Yes \_\_\_\_ No \_\_\_\_
- Describe your financial status during the last 12 months? (additional income than listed, loss in child support, etc. please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What monetary amount are you able to pay? A minimal contribution is required to qualify for a scholarship. \$ \_\_\_\_\_ per month

- If receiving SSI, describe the nature of your disability. Add medical documentation from a licensed practitioner.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- List any prior participation in the Salem Community Center or any other Health facility's activities and programs within the last five years:

\_\_\_\_\_  
\_\_\_\_\_

Complete the following with requested information for Household members:

Names of Household Members	Age	Sex	Relationship	Employer or School / Grade	Monthly Income
1.					
2.					
3.					

\*\* Monthly income sources include, but are not limited to, earnings, welfare payments, child support, alimony, pensions and Social Security.

Check the type(s) of activities each applicant is interested.

Fitness Activities:

- Fitness Floor
- Walking Track
- Pool
- Gymnasium

Have you ever applied for a Salem Community Center Wellness Grant? \_\_\_\_\_ When? \_\_\_\_\_

Note any additional information the Wellness Grant Committee should consider in its decision:

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Submitting this information, I understand that the Salem Community Center expects wellness grant applicants to attend the SCC on a regular basis and have arrangements for transportation prior to the beginning activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature (if applicant is under 18)